IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

	For office use only	
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Providends	<u> </u>	
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City, State, Zip (if different fro 712-542-6107	om above)	
Area Code & Telephone Num	aber (if different from above)	
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10/17/17	610.20	
10/17/17	\$18.39	
Date of Gift or Bequest	Amount/Value*	
*value is defined as "fair mark	ket value" of item as determined by	
receiving department or office	e. If no value mark "0.00".	
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eceived by the Governor on be	ehalf of the state.	
	nformation concerning the donor and	
ny knowledge.		

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

		# #
Clarinda Correctional Facility		is a
Name of Department or Office 2000 N. 16th Street	Clarinda, IA 51632	
Mailing Address 712-542-5634	City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPART	MENT OR OFFICE:	
Meredith Baker		
Namo	· · · · · · · · · · · · · · · · · · ·	

DONOR OF GIFT OR BEQUEST:

meredith.baker@iowa.gov

Email Address

Mailing Address (if different from above)

Anthony Bertolone				
Name				
Mailing Address	City, State, Zip Code	10/17/17	\$18.39	
		Date of Gift or Bequest	Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair marke	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
mail Address (optional)	A A A A A A A A A A A A A A A A A A A	·		

Provide a description of the gift or bequest and purpose thereof:

"Wonder Woman" DVD for the CCF Movie library.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on

Statement of Affirmation:

Randy Gibbs	
·,	affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
assessment of the fatr shar	(et value (if applicable) is correct and true to the best of my knowledge.

10/17/17

Date